

# City of Johns Creek Police Department

<i>Subject:</i>	Managing and Transporting of Mentally Ill Persons/Patients	<i>Number:</i>	02-07
<i>Reference:</i>	See also Securing and Transporting Prisoners	<i>Amends:</i>	
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**PURPOSE:**

Establish guidelines for safe and proper handling of mentally ill people; to provide for taking into custody; to provide for transportation; and provide for immediate care for the mentally ill to prevent said persons from causing harm to themselves or others

**POLICY: (02-07)**

The Johns Creek Police Department will normally refer those persons requesting transportation of mentally ill persons/patients to the Fulton County Sheriff's Office. An exception could be if the person is exhibiting signs of mental illness to the extent he/she may be a danger to him/herself and/or others and constitutes an emergency situation. In these situations, the officer shall take the individual into custody, if the requirements of O.C.G.A. § 37-3-42 are met.

**PROCEDURES: (02-07-01)**

1. Guidelines for recognizing mental illness

Indicators that a person may be suffering from mental illness include verbal, behavioral, and environmental cues. When making observations of the following cues, personnel should note as many indicators as possible. Put the indicators into the context of the situation, and be mindful of environmental and cultural factors.

- a. Verbal indications may include: incoherent communication, talks about unrelated or abstract topics, word repetition, chatter or rhyming, expressing ideas of greatness, delusional or expresses false belief that they are a person of high status or authority, thoughts of paranoia, extremes in speech tone or volume, and threatening harm to themselves or others.
- b. Behavioral indications may include: hallucinations or seeing, hearing, smelling things that aren't apparent to others, appearance inappropriate for season or time of day, bizarre makeup application, lack of personal hygiene, strange postures or mannerisms such as constantly looking around or over ones shoulder, lethargic or sluggish movements, pacing, repetitious or ritualistic movements, inappropriate emotional reactions, confusion about or unawareness of surroundings, strange loss of memory, withdrawal from family and social activities.
- c. Environmental indications may include: strange use of household items such as seasonal decorations or trimmings used out of season, aluminum foil window coverings, and hoarding, pack ridding, accumulation of trash or newspapers, presence of feces or urine on the subject or surroundings, obsession with an object, collecting childish objects, presence of malnourished or dead animals.

## 2. Interacting with mentally ill persons

Officers on the scene shall make every effort to determine the severity of the behavior, the potential for change in the behavior, and the potential for danger presented by the individual to themselves, the officers, and others. The following are guidelines on how to approach and interact with a person suspected of being mentally ill. These guidelines should be followed in all contacts whether on the street or during a more formal interview or interrogation.

- a. Remember the mentally ill person in a crisis situation is generally afraid. Continually assess the situation for an escalation of risk to all parties. Maintain appropriate distance between you and the person. Attempt to remain calm and avoid overreacting. Mentally ill persons often respond better to a calmer, more subdued approach by Law Enforcement.
- b. Give clear, concise directions, the person may already be confused and have trouble making simple decisions. Ideally, only one person should attempt communication with the person. Respond to apparent feelings; reflect back to the subject what you are observing. Do not pacify the person by telling them you also see their hallucination or believe their delusion. Instead respond to their feelings such as telling a person you understand what they believe they are seeing or hearing appears real to them and may be making them afraid. Ask the person what you can do to help them feel calmer, safe or better.

- c. If possible and circumstances allow, persons believed to be mentally ill should be encouraged to voluntarily submit to a mental health evaluation. If no other alternative for transportation exists, the individual desiring a voluntary examination may be transported to the nearest available mental health facility with a supervisor's approval. If necessary refer concerned relatives or friends of the individual to the Probate Court or Juvenile Court (person under 17) for issuance of a court order for involuntary treatment.

## **Mental Health Evaluations (02-07-02)**

The following are procedures for voluntary commitments, Crisis Response Clinicians, and non-voluntary commitments.

The responding officer(s) shall:

- Notify the on-duty supervisor and advise them of the details of the situation
- Complete page 1 of the Consumer Form, and request the consumer or his/her guardian to complete page 2;
- Complete an incident report detailing the circumstances surrounding the referral; and
- Turn the Consumer Form in to the Records Unit to be attached to the report in RMS.
- Officers may choose to enter additional information into the CIT Module of RMS, which may be helpful for CIT follow-up or officer awareness.

The supervisor shall:

- Assess the situation based on the information relayed by the officer on-scene and provide further guidance on necessary resources, to include requesting response by the Crisis Response Clinician.

The Crisis Intervention Team Leader shall:

- Monitor all mental health related incident reports and referrals on a daily basis, to determine the need for case follow-up
- Refer consumers to additional resources, as needed.

### **1. Voluntary Commitments**

If the person is requesting help (i.e., suicidal) and is not considered to be violent, the officer should attempt to make arrangements to have him/her transported to an approved mental health evaluation/ receiving/ treatment facility by a private service or individual. When transport by an approved medical service is not possible, the officer should try to evaluate the situation to determine if the person is exhibiting signs of mental illness. The officer will then provide that person with transportation to the nearest state authorized mental health receiving/treatment facility, if approved by a supervisor. The person may be restrained within the established departmental guidelines for transporting prisoners for the safety of the person being transported and for the safety of the officer providing the

transportation.

## 2. Crisis Response Clinician

If the person requesting help is hesitant about transport for mental health evaluation, but is exhibiting signs of mental illness and/or crisis, the officer will request response by the on duty Crisis Response Clinician through dispatch. If officers need response outside of the clinician's on duty hours, access to a clinician through the Mobile Crisis Response Team will be requested via the Georgia Crisis and Access Line **1-800-715-4225**.

If, for some reason, the clinician or Mobile Crisis Response Team has an extended response time and the consumer does not present immediate safety concerns, the officer may choose to leave the scene and return once the clinician arrives on scene. Officers should leave a phone number for the clinician, for notification of arrival.

Upon arrival, the clinician will attempt to gain consent to conduct an evaluation, in order to determine whether the consumer can be issued a safety plan, in lieu of a 10-13 order. If the consumer is determined to be a threat to themselves or others and are not willing to seek treatment voluntarily, the clinician may sign a non-voluntary commitment.

## 3. Non-Voluntary Commitments

Upon arrival at the scene, the officer should attempt to evaluate the person to determine if he/she is exhibiting signs of mental illness and is a potential danger to themselves or to others. If the officer determines the person should be taken into custody, the officer should request the assistance of other officers prior to making any attempts to restrain him/her. The person should be restrained in accordance to established Department procedures and transported to the nearest state authorized mental health receiving/treatment facility.

*In accordance with OCGA 37-3-42 (a) A peace officer may take any person to a physician within the county or an adjoining county for emergency examination by the physician, as provided in Code Section 37-3-41, or directly to an emergency receiving facility if (1) the person is committing a penal offense, and (2) the peace officer has probable cause for believing that the person is a mentally ill person requiring involuntary treatment. The peace officer need not formally tender charges against the individual prior to taking the individual to a physician or an emergency receiving facility under this code section. The peace officer shall execute a written report detailing the circumstances under which the person was taken into custody; and this report shall be made a part of the patient's clinical file...*

At the receiving/treatment facility, the officer will stay with the person until the physician, psychologist, psychiatrist, or social worker evaluates him/her. If the attending evaluator has made a determination to have him/her committed, the officer should release the person into their custody. If there are pending felony charges, officers will be rotated in and out of the facility to maintain continuous 24 hour security until relieved by the Fulton County Sheriff's Office.

In cases where the person is not considered to be a threat to themselves or to others, the officer should refer the complainant to the Fulton County Probate Court to obtain any necessary commitment orders. If the complainant has a signed commitment order (Physicians Form 1013/2013), the officer may inform them to provide private transportation or they may contact the Fulton County Sheriff's Office. The officer should not offer to transport non-violent persons unless it is necessary and approved by a supervisor. If the officer is presented with documentation of a signed 1013 or 2013 commitment orders, he/she should provide the Fulton County Sheriff's Deputy or the family members with any needed assistance to assure everyone's safety.

*In accordance with OCGA 37-3-101 No female patient shall be transported at any time without another female in attendance who is not a patient, unless the female patient is accompanied by her husband, father, adult brother, or adult son.*

### **Mentally Ill Inmates (02-07-03)**

When an inmate or in-custody arrestee exhibits mental illness characteristics, the detention officer will notify the shift supervisor as soon as possible. The supervisor will assess the situation and attempt to establish what characteristics they appear to be exhibiting. If it is determined the inmate needs to receive further professional help, they should be transported to the nearest state authorized mental health receiving/treatment facility as soon as possible. The transporting officer(s) should exercise extreme caution when transporting this person, due to the potential escape risk. The shift supervisor should consider sending two officers to transport. The inmate should be restrained in accordance with department procedures. The transporting officer will stay with the inmate until the physician signs off on the jail release form. If the inmate is in custody for a felony charge, the shift supervisor will arrange for continuous rotating security on a 24 hour basis.

### **Mental Illness Training (02-07-04)**

All employees will be required to complete entry level training on dealing with persons suspected of suffering from mental illness. This training can be accomplished during POST Mandate Basic Training or other training courses, as long as the training is documented. All employees will be required to complete a documented annual refresher training. This training will be scheduled by the Training Unit.

### **Crisis Intervention Team (02-07-05)**

- A. The Johns Creek Police Department Crisis Intervention Team (C.I.T.) is a team of specially trained officers who come in contact with individuals in a state of crisis due to an apparent mental illness.
- B. The Johns Creek Police Department is committed to the safety of all citizens as well as the health and well-being of every employee. The agency is committed to handling mentally ill persons in an effective manner to minimize injury to the person as well as officers involved. The C.I.T. officer assignment will be classified as a specialized assignment approved by Chief of Police.
- C. The C.I.T. Officer will remain on his/her shift as assigned and when possible respond to crisis calls for service. The C.I.T. Officer will attempt to de-escalate the situation through specialty trained skills. The C.I.T. Officer will document the incident or contact through the C.I.T. RMS module for information and any future contacts.
- D. The team shall proactively develop resources and programs which will benefit the citizens of the City of Johns Creek. Periodic training will ensure that all personnel are continuously educated and updated with current best practices and skills.
- E. The requirements for being assigned a C.I.T. Officer are as follows:
  - 1. Minimum of one year of continuous service with the agency.
  - 2. No formal disciplinary actions.
  - 3. Supervisor recommendation.
  - 4. Must have communication, problem solving, and listening skills when dealing with stressful situations.
  - 5. Successful completion of Georgia Crisis Intervention Team training (40 hours).
- F. The Chief of Police shall appoint a designated Crisis Intervention Officer, who will be responsible for the following:
  - 1. Serve as the Crisis Intervention Team Leader
  - 2. Act as liaison with mental health resources in the community and the assigned clinician
  - 3. Attend mental health community meetings
  - 4. Provide support and training resources to shift CIT Officers and other personnel
  - 5. Monitor all mental health related incident reports and referrals on a daily basis and assign CIT Team members for follow-up, as needed;
  - 6. Complete necessary reports to meet accreditation and certification requirements